


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505086	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/15/2013
NAME OF PROVIDER OR SUPPLIER LANDMARK CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 710 NORTH 39TH AVENUE YAKIMA, WA 98902		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Landmark Care and Rehabilitation Center, located at 710 N 39th Avenue, Yakima, WA, on November 15, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Long Term Care facility is licensed for 93 with a census at the time of survey entrance of 89 provided by the Charge Nurse and verified by the Maintenance Director. The facility consisted of construction type V- 1 hour, one story building with a partial basement used for physical therapy, kitchen, laundry, mechanical, and conference room. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p> <p> Deputy State Fire Marshal Nursing Home Surveyor 28058</p>	K 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE


FIRE PROTECTION BUREAU

DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  [REDACTED] DSFM 28058	K 000		
K 048 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This Standard is not met as evidenced by: The facility has failed to provide a written plan in place for partial evacuation from the place of fire origin to the next safe smoke compartment beyond the fire doors. This could allow for staff not aware or confusion of where to take residents to protect in place in a fire emergency and thus delay evacuation process. The findings include, but are not limited to: During document review between the hours of 9am and 10:15am on November 15, 2013 revealed that the facility disaster/emergency plan did not include instructions for partial evacuation that indicated to move residents from one smoke compartment to the next beyond the fire doors. This finding was observed and discussed with the Maintenance Director.	K 048	K 048 • The facility has written a plan for the partial evacuation from the place of origin to the next safe smoke compartment beyond the fire doors. It is in the fire & disaster manual. • This will protect all residents. • Staff will be in-serviced. It will be reviewed at required fire drills. This initial in-service will be held and notices will be handed out to staff on 11-20-2013. • Date of Correction 11-20-2013 • Administrator & Director of Maintenance will assure correction.	11-21-13 11-21-13

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K 155 K 155 SS=D	<p>Continued From page 2</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>This Standard is not met as evidenced by: The facility has failed to provide a written plan in place for implementation of a fire watch should the fire alarm system shut down/malfunction for more than 4 hours. This could expose residents, visitors, and staff to the threat of fire without alarm detection/notification.</p> <p>The findings include, but are not limited to:</p> <p>During document review between the hours of 9am and 10:15am on November 15, 2013 revealed that the facility disaster/emergency plan did not include policy in place for initiation of a fire watch should the fire alarm system malfunction.</p> <p>This finding was observed and discussed with the Maintenance Director.</p>	K 155 K 155	<p>K 155</p> <ul style="list-style-type: none"> The policy manual for Fire Watch in case of dysfunction is amended to include fire alarms along with sprinkler system. This will protect all residents. It will be reviewed with staff on 11-20-13 Monitored and reviewed annually Date of correction 11-20-2013 Administrator & Director of Maintenance will assure correction. 	11-21-13